

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/009375

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT												
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.			
1	1						51	1									
2		1					52	1									
3							53		1								
4		2					54		1								
5		2					55		1								
6		2					56		1								
7	1						57		1								
8		1					58		1								
9	1						59		1								
10		1					60		1								
11		1					61	1									
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16		1					66										
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18	1						68										
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29	1						79										
30		1					80										
31		2					81										
32		2					82										
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37		2					87										
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39		2					89										
40		2					90										
41	1						91										
42		1					92										
43		2					93										
44	1						94										
45		2					95										
46		1					96										
47		1					97										
48	1						98										
49		1					99										
50		1					100										
TOTAL							TOTAL										
IND.							IND.										
DEP.							DEP.										
TOTAL							CLAIMS										